

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS
LEAVE POOL RECIPIENT REQUEST FORM

REGID

Last Name

First

MI

Social Security Number

Classification

Location

From

To

Anticipated Duration (Hardship)

Requester's Leave Hours

Requested Annual Leave Hours

JUSTIFICATION:

(Add Additional Pages if Necessary)

Employee Signature

Approved:

State Director's Signature

HRM

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